

Approved, SCAO

Original - Court  
1st copy - Defendant2nd copy - Plaintiff  
3rd copy - Return

<b>STATE OF MICHIGAN</b> MSC REG. G-5 (V) JUDICIAL DISTRICT 30TH FOR 17TH JUDICIAL CIRCUIT COUNTY PROBATE		<b>SUMMONS</b>	<b>CASE NO.</b> USD: 1:21-CV-78.
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## Court address

313 W Kalamazoo St, Lansing, MI 48933 (517) 483-6500 &amp; 110 Michigan Ave NW Grand Rapids, MI 49503.

Court telephone no.  
616-456-2381

Plaintiff's name(s), address(es), and telephone no(s).

IN RE: STACEY R. SMITH PRO SE; MCR 3.606; 3.305  
855 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507.  
616-500-5316. MCR 3.302 - BREACH OF 17 TH  
JUDICIAL CIRCUIT COURT SENTENCING PLEA  
AGREEMENT - EVIDENCE; 17TH COURT RECORD.

Plaintiff's attorney, bar no., address, and telephone no.

PRO SE (INFORMA PAUPERIS) - MANDAMUS UT DE  
FOEDERATUM - FEDERAL ORDER OF MANDAMUS  
REQUEST INCONJUNCTION WITH AN IN RE  
CONTEMPT PROCEEDING IN 30TH CIRCUIT COURT -  
(INGHAM COUNTY) - LANSING - MCR 3.302; 3.606.

v

Defendant's name(s), address(es), and telephone no(s).

MSC: CHIEF JUSTICE - BRIDGET M. MCCORMACK  
17TH CIRCUIT JUDGE GEORGE S. BUTH (RETIRED)  
17TH CIRCUIT CHIEF JUDGE MARK A. TRUSOCK  
LEAD (KENT) PROSECUTOR CHRIS R BECKER  
DEFENSE COUNSEL JOHN R BEASON  
LOWER COURT CASE NO.: 14-11012-FH.  
SUBJECT-MATTER JURISDICTION: USD 1:16-CV-1381  
MOTION FOR RELIEF OF JUDGMENT: MCR 3.302.  
MOTION TO TRANSFER TO CURE WANT OF  
SUPERINTENDING CONTROL: MSC: 161058; USCCA:  
20-1716 & 17-1022 - COMPLAINT FOR WRIT OF  
MANDAMUS - FOEDERATI ORDINE DE MANDAMUS.

**Instructions:** Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

**Domestic Relations Case**

There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.

It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

**Civil Case**

This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.

MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.

A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in  this court,  U.S. District Court HON.: JANET T NEFF P-18210 CASE: 1:21-CV-78 Court, where it was given case number \_\_\_\_\_ and assigned to Judge \_\_\_\_\_.

The action  remains  is no longer pending.**SUMMONS**

Summons section completed by court clerk.

**NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk
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\*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

**PROOF OF SERVICE**

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

**CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE** **OFFICER CERTIFICATE**

OR

 **AFFIDAVIT OF PROCESS SERVER**

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party (MCR 2.104[A][2]), and that: (notarization not required)

Being first duly sworn, I state that I am a legally competent adult, and I am not a party or an officer of a corporate party (MCR 2.103[A]), and that: (notarization required)

I served personally a copy of the summons and complaint,

I served by registered or certified mail (copy of return receipt attached) a copy of the summons and complaint,

together with \_\_\_\_\_

List all documents served with the summons and complaint \_\_\_\_\_

on the defendant(s): \_\_\_\_\_

Defendant's name	Complete address(es) of service	Day, date, time

I have personally attempted to serve the summons and complaint, together with any attachments, on the following defendant(s) and have been unable to complete service.

Defendant's name	Complete address(es) of service	Day, date, time

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee \$	Miles traveled	Fee \$	Signature
Incorrect address fee \$	Miles traveled	Fee \$	TOTAL FEE \$ Name (type or print) Title

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date \_\_\_\_\_

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date \_\_\_\_\_ Deputy court clerk/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of the summons and complaint, together with \_\_\_\_\_ Attachments

\_\_\_\_\_  
on \_\_\_\_\_ Day, date, time \_\_\_\_\_

\_\_\_\_\_  
on behalf of \_\_\_\_\_

Signature \_\_\_\_\_